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Dear Colleagues

COVID-19 VACCINATION PROGRAMME: BRINGING FORWARD PRIORITY COHORTS

1. This letter provides further update on the arrangements for the COVID-19 vaccination programme, following the roll out of the Oxford AstraZeneca vaccine and the commencement of delivery in primary care settings.
2. I recognise the progress already made by Health Boards in reaching the first of the JCVI priority cohorts, and I am grateful to you for your hard work in continuing to accelerate delivery in the context of the enormous additional pressures you have faced during the pandemic.

Key Objectives

3. To continue to accelerate delivery of first vaccine doses in line with JCVI prioritisation, increasing capacity in mass vaccination centres and bringing forward vaccination of JCVI priority group 5 alongside groups 3 and 4.
4. To provide further clarity on who is included as frontline health and social care workers.
5. To provide further clarity on flexibility to ensure appropriate delivery of second doses in line with previous guidance.
6. To continue to protect those most at risk by achieving high vaccine uptake amongst the priority groups.

Bringing forward vaccination of priority groups

7. I am grateful for Health Boards' ongoing work to reach the JCVI priority cohorts. As part of this, Boards have been asked to call forward JCVI priority groups together to facilitate quick scheduling of these groups as Board capacity increases.

**From Chief Medical Officer
Dr Gregor Smith**

5 February 2021

SGHD/CMO(2021)3

Addresses

For action

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Chief Executive, Public Health Scotland
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Further Enquiries

Policy Issues

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Medical Issues

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Pharmaceutical and Vaccine

Supply Issues

NHS NSS National Procurement:
NSS.fluvaccineenquiries@nhs.scot

Definition of Frontline Health and Social Care Workers

8. In addition, wherever practicable, Health Boards should seek to vaccinate those within eligible JCVI priority cohorts who are in hospital prior to discharge, where that cohort is currently receiving vaccination in the community. Care should be taken to check records for previous history of COVID-19 vaccination, confirmation of vaccine should be provided and steps taken to enable a second dose as appropriate.
9. Updated guidance on the definition of frontline health and social care workers is included in Annex A.
10. Please note that this includes new guidance on inclusion of Additional Support Needs staff working in schools, Scottish Ambulance Services staff and NHS24 staff following the decision by Scottish Ministers.

Scheduling of Second Doses for Care Homes

11. In my previous letter I set out the requirement to prioritise first doses, scheduling second dose for 12 weeks after the first dose.
12. I can confirm that some flexibility is permitted in relation to scheduling second doses for care homes residents and care home staff only and these can be scheduled from eight weeks onwards.
13. The current recommendation is that following a positive case, a resident should not be vaccinated until four weeks after they are confirmed positive. COVID cases and outbreaks in care home are not uncommon and during such an outbreak, it may not be feasible to undertake vaccination in a care home, leading to risk that not all such vaccinations could be completed within the 12 weeks period.
14. This planning flexibility in scheduling second doses for care homes will allow NHS boards to ensure second doses are completed within 12 weeks, as well as supporting best management of available vaccine supply.
15. Further guidance on vaccination during an outbreak and risk assessment has previously been provided.

Communication materials

16. Updated communications materials and guidance continue to be provided via programme channels.
17. I would ask NHS Boards to continue to ensure staff are accessing to the latest materials.

Resources

18. Health Boards are asked to ensure immunisation teams are properly resourced to develop and deliver the COVID-19 vaccination programme. While costs should be subject to proportionate review and internal governance, additional costs will be met by the Scottish Government. The established financial allocation approach that is in place will support this process, ensuring that there are no barriers or delays to delivering the programme.

Action

19. Health Boards are asked to note and implement the arrangements outlined in this letter for the COVID-19 vaccination programme.
20. It remains critically important that every effort is made to ensure high uptake, and that those eligible to receive a vaccine do so. Ongoing and effective engagement and management at a local level is essential to support this.
21. I remain very grateful for your continued commitment and support in progressing this programme.

Yours sincerely,

Gregor Smith

Dr Gregor Smith
Chief Medical Officer

ANNEX A JCVI PRIORITISATION, VACCINE ELIGIBILITY AND ADDITIONAL ADVICE

Prioritisation

Full details of the JCVI's prioritisation advice as published on 2 December can be found here: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>

Further detailed guidance was provided on prioritisation on 24 December, as set out in the table below:

22. JCVI Priority	Group
1	<p>Residents and workers in care homes for older people. Residents and those working in long-stay residential and nursing care homes or other long-stay care facilities for older adults where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This includes non-clinical ancillary staff who may have social contact with resident but are not directly involved in patient care, such as cleaners and kitchen staff.</p>
2	<p>all those 80 years of age and over Starting for logistical reasons with long-term hospital inpatients who are over 80.</p>
2	<p>Patient facing, frontline healthcare workers. Staff who have frequent face-to-face clinical contact with patients and who are directly involved in patient care in either secondary or primary care/community settings. This includes doctors, dentists, midwives and nurses, vaccinators, paramedics and ambulance drivers, pharmacists, optometrists, occupational therapists, physiotherapists, radiographers and any associated support staff of independent contractors. It should include those working in public, private, third sector and non-standard healthcare settings such as hospices, and community-based mental health or addiction services. It should include Healthcare Improvement Scotland inspectors who are required to visit premises. Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included.</p>
2	<p>Non-clinical but patient facing staff in secondary or primary care/community healthcare settings. This includes non-clinical ancillary staff who may have social contact with patients but are not directly involved in patient care. This group includes receptionists, ward clerks, porters and cleaners.</p>
2	<p>Laboratory and pathology staff Hospital-based laboratory and mortuary staff who frequently handle SARS-CoV-2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens should be eligible as they may also have social contact with patients. This may also include cleaners, porters, secretaries and receptionists in laboratories. Frontline funeral operatives and mortuary technicians / embalmers are both at risk of exposure and likely to spend a considerable amount of time in care homes and hospital settings where they may also expose multiple patients. However, not included here are staff working in non-hospital-based laboratory and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able</p>

	to use effective protective equipment in their work and should be at low risk of exposure.
2	Scottish Ambulance Service Control Centre and NHS24 call handling staff critical to patient care
2	Social care staff directly involved in the care of their service users and others involved directly in delivering social care such that they and vulnerable patients/clients are at increased risk of exposure This includes, for example, workers in residential care for adults and children, supported housing, and also personal assistants and social workers who have face-to-face contact in the course of their duties including child, adult, mental health officer duties and public protection. It should include Care Inspectorate staff who are required to visit care homes and other registered services. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available. This also includes any staff directly involved in the direct care of children and young people with the most complex additional healthcare needs who are clinically vulnerable to severe effects of COVID and may be at higher risk of exposure due to their close contact with those providing health and social care support including staff working in special schools and units, and in some cases in mainstream schools – additional guidance is provided below.
3	all those 75 years of age and over
4	all those 70 years of age and over and clinically extremely vulnerable individuals
5	all those 65 years of age and over
6	all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
6	Unpaid carers, including all adult carers and young carers aged 16 to 18
7	all those 60 years of age and over
8	all those 55 years of age and over
9	all those 50 years of age and over

Further guidance and a full list of eligible groups can be found in the most recent COVID-19 chapter (chapter 14a) of the Green Book available at:

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

This is subject to change and updates will be made in the linked page above.

Additional Guidance on Staff Working in Education Settings

Staff directly involved in the direct care of children and young people with the most complex additional healthcare needs who are clinically vulnerable to severe effects of COVID and may be at higher risk of exposure due to their close contact with those providing health and social care support. This includes staff working in special schools and units, and in some cases in mainstream schools. Staff supporting these children will undertake roles which will align to the multi-agency educational and care plans for these children who are the most clinically vulnerable.

There are currently very limited data on clinical risk factors in childhood, but these limited data suggest that children with neurological comorbidities may be at a greater risk of developing severe COVID-19. Given the very high risk of exposure to infection and

outbreaks in institutional settings, vaccination may be considered for children with severe neuro-disabilities who tend to get recurrent respiratory tract infections and who frequently spend time in specialised residential care settings for children with complex needs.

Staff should be offered the vaccination if they are supporting these children and young people who have the most complex healthcare needs which require the co-ordination and provision of support from education, health and/or social care services within school settings. It is expected that the support provided must be over and above the routine processes of feeding, washing and toileting.

Staff who are eligible will undertake regular healthcare and social care duties with multiple children/young people, and moving and handling, all of which mean they work in close proximity for prolonged periods of time providing a range of interventions, including personal and intimate care and invasive procedures such as PEG feeding. Although not exhaustive the type of clinical interventions may include:

- Empty colostomy bags
- Clean sputum from tracheostomy sites
- Replace 'speaky' cap
- Monitor infections and cleanliness of gastrostomy and stoma sites
- Mop up spills from gastrostomy and bile bags
- Monitor requirements for suctioning which requires to be in very close contact
- Monitoring and responding to Epilepsy seizures and safety management, reporting and recording
- Moving and handling post-op
- Moving and handling of brittle bones
- Support positioning and 24 hour postural management and respiratory difficulties
- Following identified Physiotherapy programmes e.g. passive stretching, rebound therapy, respiratory health
- Placement of orthotics
- Monitoring of Oxygen ventilation/saturation levels
- Monitoring of pupil temperatures
- Delivery of identified direct close contact SLT programmes
- Delivery of identified of OT programmes

It is expected that vaccines should be available irrespective of who they are employed by (for example local government, NHS, private sector, third sector and agencies).

Additional Guidance on Third and Independent Health and Social Care Frontline Workers Vaccination Access

The below additional examples have been provided to Third Sector and Independent Health and Social care frontline workers to assist self-assessment. The below is not exhaustive, but is given as a guide. In essence, those HSCW eligible for priority COVID vaccination are those who provide care closely and regularly to, or come into close contact with, those who are clinically very vulnerable to COVID.

<p>Eligible for Vaccination are people and workers who provide care closely and regularly to those who are clinically very vulnerable to COVID. This includes non-clinical but patient facing staff in secondary or primary care/community healthcare settings</p> <p>Those clinically vulnerable to COVID-19 are defined by the JCVI priority groups: a) the clinically extremely vulnerable (CEV), b) those who have underlying health conditions leading to greater risk of disease or mortality as defined in the Green book, c) those of advanced age. This includes staff listed below in the following settings: secondary or primary care/community settings in public, private, third sector and non-standard healthcare settings, including hospices, and community-based mental health or addiction services.</p>
Covid-19 vaccinators & vaccination centre staff working closely with patients on a regular basis
Associated clinical support staff of independent contractors
Allied Health Professionals: Paramedics, Podiatrists, Physiotherapists, Optometrists, Occupational Therapists, Radiographers, Audiologists
Allied Health Professional clinical support workers, including Foot Care Specialists, Scottish Ambulance: Service Technicians and Clinical Support Staff (including unpaid volunteer community first responders providing immediate support to patients in remote and rural environments), Radiography Assistants
Chiropractors & Osteopaths
Doctors
Dentists, Dental Nurses and Dental Hygienists
Registered Nurses & Midwives, including Healthcare and Midwifery Support Workers
Social Workers
Personal Assistants
Healthcare Improvement Scotland and Care Inspectorate Inspectors who are required to visit premises with vulnerable patients
Pharmacists and Pharmacy Technicians
Healthcare Students (see additional Guidance for NHS Boards on Vaccination- Appendix C)
Agency / Locum Healthcare Staff (see additional Guidance for NHS Boards on Vaccination- Appendix C)
Non Clinical Ancillary staff who may have multiple social contacts with patients but are not directly involved in patient care: This group includes receptionists, ward clerks, porters and cleaners
Memory Clinic Staff providing care to CEV or the elderly
Scottish Register of Language Professionals with the Deaf Community if working regularly across multiple settings with elderly or CEV individuals
Other bodies involved in relief work alongside frontline Health and Social Care Workers due to pandemic pressures e.g. Mountain Rescue Service assisting Scottish Ambulance Service
<p>Frontline Funeral Operatives:</p> <ul style="list-style-type: none"> • Funeral director staff who handle, assist in the removal of, or have direct contact with the deceased's remains or personal effects • Funeral director staff who may routinely have close contact with the deceased within the funeral home setting • Funeral director staff who routinely clean those areas of their premises which come into direct contact with the deceased (e.g. surfaces where the deceased have been stored or otherwise handled), or private ambulances or similar vehicles used to transport the deceased prior to being coffined • Mortuary technicians and embalmers [explicitly identified in JCVI priority list].

Hospital Based Laboratory Staff

Who frequently handle SARS-CoV 2 or collect or handle potentially infected specimens, including respiratory, gastrointestinal and blood specimens and have social contact with patients. This includes cleaners, porters, secretaries and receptionists in laboratories.

Those not eligible for vaccination in Phase 1/ JCVI priority Group 2 are: Staff and Volunteers who undertake infrequent or no face to face direct close contact with very vulnerable patients. They can reduce their risk of Covid-19 infection by continuing to follow infection prevention and control guidance and practices, two metre physical distancing and use of PPE. Staffing levels and business continuity are not a consideration in COVID-19 Vaccination prioritisation. This group includes for example:

- Medical Home Care delivery drivers who deliver medication and equipment to patient homes
- Dental Lab technicians who do not have any patient contact
- COVID-19 Testing Site Staff
- Habitation specialists and orientation & mobility specialists providing support to people with sight loss and visual impairment.
- Carer and or Contact Centre staff providing support to carers and not 'cared for'
- Rape crisis centre staff
- Foster Carers
- Vaccination Centre Ancillary Staff not working closely with patients e.g. police and car park staff.
- Staff working in non-hospital-based laboratories and those academic or commercial research laboratories who handle clinical specimens or potentially infected samples as they will be able to use effective protective equipment in their work and should be at low risk of exposure.

Please note: These lists are not exhaustive, where necessary further communications and advice will be issued.

ANNEX B CONTRACTUAL ARRANGEMENTS AND FURTHER INFORMATION

Contractual arrangements

Information on payments associated with the COVID-19 vaccines have been set out by Primary Care Directorate, Scottish Government.